

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-size: 1.2em;">09/504280</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1					1		51				
2						1	52				
3						1	53				
4						1	54				
5						1	55				
6						1	56				
7						1	57				
8						1	58				
9							59				
10							60				
11							61				
12							62				
13							63				
14						1	64				
15						1	65				
16						1	66				
17						1	67				
18							68				
19							69				
20							70				
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23							73				
24						1	74				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.					3		TOTAL IND.				
TOTAL DEP.					10		TOTAL DEP.				
TOTAL CLAIMS					13		TOTAL CLAIMS				